



**MARRIAGE/STATE REGISTERED DOMESTIC
PARTNERSHIP APPLICATION**
For Intended Spouse/State Registered Domestic Partner Use

This marriage application may be accessed on the Department's internet website or sent by the offender to his/her intended spouse/state registered domestic partner. The intended spouse/state registered domestic partner should submit the completed form to the offender's Counselor.

Intended Spouse/State Registered Domestic Partner Name _____ Date of Birth _____

Address _____

Offender Name _____ DOC Number _____

Please answer the following questions (use an additional sheet(s) of paper as needed):

How long have you known your intended spouse/state registered domestic partner? Years _____ Months _____

What is the nature of the relationship? _____

Do you have children belonging to both of you? ☐ Yes ☐ No

Do you have children residing with you? ☐ Yes ☐ No

List name and ages of all children: Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

What is the reason your intended spouse/state registered domestic partner is incarcerated? _____

How do you feel about marrying/entering into a state registered domestic partnership with an offender?
Are you ready for this type of relationship? _____

Do you have any history of domestic violence, either as a victim or a perpetrator? If yes, please give details. _____

Are you aware that once married/enter into a state registered domestic partnership, you may become financially responsible for the offender's debt, fines, and credit history? _____

If you have been in a prior marriage/common law relationship/state registered domestic partnership, please complete the following information:

Name of Former Spouse/ State Registered Domestic Partner	Date and Place	Date of Divorce/Dissolution or Legal Separation

I acknowledge that I am legally free to marry/enter into state registered domestic partnership and I am not being pressured to do so.

Signature _____ Date _____

COMPLETED BY COUNSELOR

Date Form Received _____ Counselor Comments _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.